

Office of Health Care Access Fact Sheet

Office of Health Care Access (860) 418-7001

January 2011

Connecticut Acute Care Hospitals, 2009

- There are twenty-nine non-federal short-term or acute care general hospitals and one children's hospital in Connecticut.
- Twenty-four hospitals are located in urban towns (12) or towns adjacent to urban towns (12).
- Hartford, an urban town, has the largest number of hospitals (3) and licensed beds (1,696) in the state.

Table 1: Acute Care Hospitals Licensed, Available & Staffed Beds, 2009

Linamand	# of Hospi-	Beds			
Licensed Beds		Licensed	Available	Staffed	
<300	17	2,794	2,830	2,059	
300-499	8	3,018	2,346	2,005	
500-1000	5	3,546	3,151	2,871	
Statewide	30	9,358	8,327	6,935	

- More than one-half (17) of the hospitals are licensed or authorized to operate fewer than 300 beds.
- In 2009, the thirty hospitals were licensed to operate 9,358 beds, physically set up 8,327 (or 88%) for use but staffed 6,935 (or 74%).
- In the same year, on average, four in five of total staffed beds were in use on a given day.

Table 2: Acute Care Bed Availability and Occupancy Rates • by Inpatient Service, 2009

	Bed	l <u>s</u>	Available Beds		
Service	Available	Staffed	per 1,000	Occ. Rate	
Adult Medical/Surgical	4,830	4,079	1.81	73%	
Adult ICU_CCU	760	659	0.28	69%	
Maternity	619	492	0.89	56%	
Neonatal ICU	251	224	6.15	70%	
Newborn	613	383	15.03	43%	
Pediatric	284	227	0.35	52%	
Psych (Ages 0-17)	107	91	0.13	82%	
Psych (Ages18+)	714	643	0.27	73%	
Rehabilitation	119	107	0.04	78%	
Other	30	30	0.01	67%	
Statewide	8,327	6,935	2.38	68%	

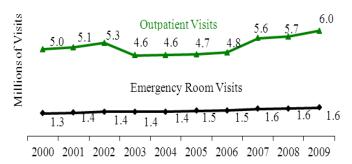
- Hospitals dedicated 4,738 (or 70%) staffed beds to adult medical/surgical and intermediate and critical care (ICU/ CCU) services.
- Overall bed availability per 1,000 of Connecticut's population of 3.5 million was 2.4.

Table 3: Acute Care Inpatient Utilization, 2000-2009

FY	Inpatients	Patient Days (in M)	Average Stay (in days)	Use Rate Per 1,000	Staffed Beds	Occ. Rate (%)
00	379,038	1.8	4.9	111	6,946	73
01	395,661	1.9	4.9	115	6,994	76
02	399,815	2.0	4.9	116	7,151	75
03	408,083	2.0	4.9	118	7,152	76
04	416,240	2.0	4.9	120	7,182	78
05	422,917	2.1	4.9	122	7,223	79
06	424,922	2.1	4.8	122	7,231	78
07	430,677	2.1	4.8	123	7,020	81
08	429,612	2.1	4.9	123	6,688	86
09	430,373	2.1	4.8	122	6,935	82

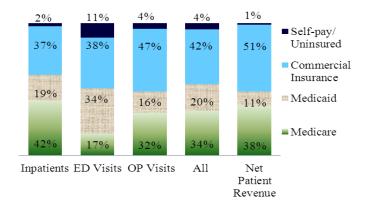
- In the last ten years inpatient volume grew 14% from 379,038 to 430,373.
- Associated total patient days increased by the same proportion to 2.1 million days.
- Average stay for the ten-year period was 4.9 days.
- The inpatient services utilization rate increased by 10% between 2000 and 2009 but, on average, the rate has held steady at 122 per 1,000 since 2005.
- Bed occupancy rate reached its highest point in 2009 (at 86%) when hospitals staffed the least number of beds during the ten-year period.

Figure 1: Outpatient and Emergency Room Visits, 2000-2009



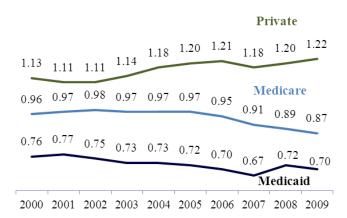
- Use of hospital outpatient services has been increasing over the last five years.
- Outpatient visits, excluding emergency room visits, grew 25% in ten years.
- Emergency room visits grew at an average annual rate of 2.4% a year to 1,648,041 in 2009.

Figure 2: Payor Mix of Patient Encounters and Net Patient Revenue, 2009



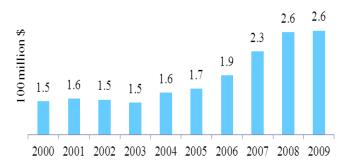
- In 2009, over one-half of all hospital patient encounters were publicly funded.
- Three in five of inpatients had Medicare (42%) or Medicaid (19%) coverage.
- Total net patient revenue was \$8.0 billion.
- More than one-half of net patient revenue was reimbursement for services provided to commercially insured patients.

Figure 3: Ratio of Payment to Cost by Payor Source, 2000-2009



- Private pay or commercially insured patients paid from 11% to 22% above cost for hospital services in the ten-year period.
- Payments received for services rendered to publicly funded patients were not favorable, especially for patients with Medicaid coverage, which averaged 70 cents on the dollar over the last five years.

Figure 4: Uncompensated Care Costs (Bad Debt & Charity Care), 2000-2009



- Uncompensated care costs nearly doubled between 2000 and 2009.
- In 2009, the total uncompensated care cost, consisting of bad debt (from under- and non-payments) and charity (or free) care, was \$2.6 million.
- In 2009, statewide acute care uncompensated care cost was 3% of total hospital expenses of \$8.6 billion, which includes non-operating expenses such as cost associated with operating a gift shop or loss on sale of property.

Data Sources: CT Department of Public Health Office of Health Care Access Acute Care Inpatient Discharge Database, Hospital Budget and Reporting Systems. For additional information: www.ct.gov/ohca Tel: 860 -418-7001 Fax: 860-418-7053

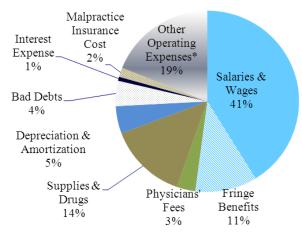


Figure 5: Total Operating Expenses, 2009

*Includes costs of items such as rent, utilities, telephone services, equipment and building leases, consulting fees and advertising.

- More than one-half of hospitals' operating expenses were for staff salaries and wages (41%) and fringe benefits (11%).
- Hospitals' top ten highest paid positions were, in aggregate, 3%, 5% and 2% of salaries and wages, fringe benefits and total operating expenses, respectively.

Figure 6: Full-Time Equivalents (FTEs), 2000-2009



- Hospital employment grew at an average annual rate of 2% to a total of 19% in the last ten years.
- In 2009, hospitals employed the equivalent of 51,402 full-time workers.
- Employees consisted of physicians (5%) and nursing staff (30%) who provide direct services to patients and other (65%) such as administrative staff, imaging technicians and janitors.